

Approved: Louisiana (03-33)
12/18/03
Effective: 08/13/03

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-33	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE August 13, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> <u>\$0.00</u> b. FFY <u>2004</u> <u>\$0.00</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 10 Attachment 2.2-A, Page 10a * Attachment 4.30, Page 2 (Continued on attachment)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 91-23) New Page New Page (Continued on attachment)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to implement provisions of the 1997 Balanced Budget Amendment governing managed care.**

11. GOVERNOR'S REVIEW (Check One):

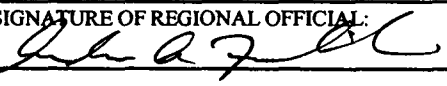
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 26, 2003	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 29 SEPTEMBER 2003	18. DATE APPROVED: 18 DECEMBER 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 13 AUGUST 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS: *** Pen + Ink Changes as per State's Ltr dated 12/1/03 ***

LIST OF ATTACHMENTS

- | <u>No.</u> | <u>Title of Attachments</u> |
|------------------|--|
| *1.1-A | Attorney General's Certification |
| *1.1-B | Waivers under the Intergovernmental Cooperation Act |
| 1.2-A | Organization and Function of State Agency |
| 1.2-B | Organization and Function of Medical Assistance Unit |
| 1.2-C | Professional Medical and Supporting Staff |
| 1.2-D | Description of Staff Making Eligibility Determination |
| *2.2-A | Groups Covered and Agencies Responsible for Eligibility Determinations |
| * Supplement 1 - | Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18 |
| * Supplement 2 - | Definitions of Blindness and Disability (<u>Territories only</u>) |
| * Supplement 3 - | Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home |
| *2.6-A | Eligibility Conditions and Requirements (<u>States only</u>) |
| * Supplement 1 - | Income Eligibility Levels – Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries |
| * Supplement 2 - | Resource Levels – Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups |
| * Supplement 3 - | Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid |
| * Supplement 4 - | Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program |

*Forms Provided

SUPERSEDES TN- 91-23

STATE	<u>Louisiana</u>
DATE REC'D	<u>29 Sep 03</u>
DATE APP'D	<u>18 Dec 03</u>
DATE EFF	<u>13 Aug 03</u>
FOIA 179	<u>03-33</u>

A

TN # 03-33
Supersedes TN # 91-23

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State: LOUISIANACitation
42 CFR
431.12(b)
AT-78-90

1.4 State Medical Care Advisory Committee

There is an advisory committee to the Medicaid agency director on health and medical care Services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR
438.104

X The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

SUPERSEDES: TN- 76-57

STATE <u>Louisiana</u>	A
DATE REC'D <u>29 Sep 03</u>	
DATE APP'D <u>18 Dec 03</u>	
DATE EFF <u>13 Aug 03</u>	
HCFA 179 <u>03-33</u>	

TN # 03-33Effective Date 13 Aug 03Approval Date 18 Dec 03Supersedes TN # 76-57

State: LOUISIANA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy

(Continued)

42 CFR 435.212 &
1902(e)(2) of the
Act, P.L. 99-272
(section 9517) P.L.
101-508(section
4732)

- [] 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act, or a managed care organization (MCO), or a primary care case management (PCCM) program, but who have been enrolled in the entity for less than the minimum enrollment period listed below. Coverage under this section is limited to MCO or PCCM services and family planning services described in section 1905(a)(4)(C) of the Act.

X The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is months (not to exceed six).

The State measures the minimum enrollment period from:

- [] The date beginning the period of enrollment in the MCO or PCCM, without any intervening disenrollment, regardless of Medicaid eligibility.
- [] The date beginning the period of enrollment in the MCO or PCCM as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.
- [] The date beginning the last period of enrollment in the MCO or PCCM as a Medicaid patient (not including periods when payment is made under this section) without any intervening disenrollment or periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section).

*Agency that determines eligibility for coverage.

SUPERSEDES: TN- 91-23

STATE <u>Louisiana</u>	A
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State: LOUISIANA

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than Medically Needy
(continued)

1932(a)(4) of
Act

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

X Disenrollment rights are restricted for a period
of 12 months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

 No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act
P.L. 101-508
42 CFR 438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

 The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

X The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

* Agency that determines eligibility for coverage.

SUPERSEDES: NONE - NEW PAGE

STATE <u>Louisiana</u>	A
DATE RECD <u>29 Sep 03</u>	
DATE APPL <u>18 Dec 03</u>	
DATE EFF <u>13 Aug 03</u>	
HCFA 179 <u>03-33</u>	

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Supersedes TN # SUPERSEDES: NONE - NEW PAGE

State: LOUISIANACitation

1902(a)(4)(C) of the
Social Security Act
P.L. 105-33

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of
Section 1902(a)(4)(C) of the Act concerning the
prohibition against acts, with respect to any activity
under the plan, that is prohibited by section 207
or 208 of title 18, United States Code.

1902(a)(4)(D) of the
Social Security Act
P.L. 105-33
1932(d)(3)
42 CFR 438.58

The Medicaid agency meets the requirements of
1902(a)(4)(D) of the Act concerning the safeguards
against conflicts of interest that are at least as
stringent as the safeguards that apply under section
27 of the Office of Federal Procurement Policy Act
(41 U.S.C. 423).

SUPERSEDES TN: 99-16

STATE	<u>Louisiana</u>
DATE RECD	<u>29 Sep 03</u>
DATE APPEAL	<u>18 Dec 03</u>
DATE EN	<u>13 Aug 03</u>
HOA #	<u>03-33</u>

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State/Territory: LOUISIANACitation

(b) The Medicaid agency meets the requirements of –

1902(p) of the Act

(1) Section 1902(p) of the Act by excluding from participation—

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

42 CFR 438.808

(B) An MCO (as defined in section 1903(m) of the Act), or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that –

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

1932(d)(1)

42 CFR 438.610

(2) An MCO, PIHP, PAHP, or PCCM may not have prohibited affiliations with individuals (as defined in 42 CFR 438.610(b)) suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549. If the State finds that an MCO, PIHP, PAHP, or PCCM is not in compliance, the State will comply with the requirements of 42 CFR 438.610(c).

SUPERSEDES TN # 87-37

STATE	<u>Louisiana</u>
DATE	<u>29 Sep 03</u>
DATE	<u>18 Dec 03</u>
DATE	<u>13 Aug 03</u>
DATE	<u>03-33</u>

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